

Request for Summer Intramural Research Training Award (Summer IRTA)		ICD LIST NO.		
		FELLOWSHIP AWARD NO.		
INSTRUCTIONS	<i>Complete this form and attach the following:</i> Curriculum Vitae. Bibliography (if applicable) Applicant's statement of academic plans and research interest Two letters of reference Letter from the school verifying student status Information on honors, achievements, hobbies, and outside interests Official copies of high school, undergraduate, graduate, or medical school transcripts		COMMON ACCOUNTING NO. (CAN)	
			INSTITUTE AND LAB/BRANCH	
			PROPOSED NIH LOCATION (BG/RM) AND PHONE NO.	
			-	
CANDIDATE	NAME <i>(Last, first, middle)</i>		DATE OF BIRTH	CITIZENSHIP <input type="checkbox"/> U.S. <input type="checkbox"/> Permanent Resident
	STUDENT'S CURRENT ENROLLMENT LEVEL IN SCHOOL	NAME OF SCHOOL	DISCIPLINE/FIELD	<input type="checkbox"/> Enrolled Full Time <input type="checkbox"/> Enrolled At Least Part Time
	PREVIOUS EDUCATION <i>(Complete as applicable)</i>		DISCIPLINE/FIELD	DATE OF DEGREE
	DEGREE		NAME OF SCHOOL	
	MAILING ADDRESS		STIPEND	
			PROPOSED STARTING DATE	PROPOSED ENDING DATE
PLANS	Describe in detail research experience to be obtained (Continue on plain paper, if necessary.)			
REQUEST INITIATED BY	NAME		TITLE AND ORGANIZATION	
	SIGNATURE	DATE	BG/RM	PHONE NO.
APPROVAL SIGNATURES	LABORATORY CHIEF	DATE	ICD PERSONNEL OFFICER	DATE
	SCIENTIFIC DIRECTOR	DATE		
	ICD OBLIGATING OFFICIAL <i>(Signature and title)</i>			DATE